

PRINT in BLACK ink

Enter the name of the county in which the original case was filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	<i>For Official Use</i>
Check marriage or paternity. If paternity, enter initials of child.	In RE: The <input type="checkbox"/> marriage <input type="checkbox"/> paternity of _____	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	Petitioner/Joint Petitioner: _____ First name Middle name Last name	
On the far right, enter the original case number.	Current Mailing Address _____ City State Zip Daytime phone number -VS.-	
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	Respondent/Joint Petitioner: _____ First name Middle name Last name Current Mailing Address _____ City State Zip Daytime phone number	
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.	Case No. _____
Enter the name of the party you want to appear in court.	The Affidavit was filed on [Date] _____, IT IS ORDERED THAT _____ appear in person at the following date and time:	
For Court Use Only: This section will be completed by the court.	Before: _____	
	Location: _____	
	Date: _____	
	Time: _____ a.m./p.m., or as soon as the matter may be heard,	

Order to Show Cause for Finding of Contempt

To show cause why YOU should not be found in contempt of court as requested in the affidavit. *If you do not appear as indicated, the court may hold the hearing without you and grant the request, including issuing an order to have you arrested and committed to the county jail.* You also have a right to be represented by an attorney at this hearing. Unless good cause is shown, failure to appear without an attorney will be deemed a waiver of that right.

IT IS FURTHER ORDERED that:

- A copy of the order to show cause and affidavit must be personally served upon all other parties **at least 5 business days** before the date of the hearing. See Service Packet (FA-5000) for more information.
- Both parties **bring to court a fully completed, dated, and signed Income and Expense Statement** and all required attachments.

BY THE COURT:

☐ Circuit Court Judge ☐ Circuit Court Commissioner

Name Printed or Typed

Date

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Check marriage or paternity. If paternity, enter initials of child.	_____ COUNTY	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	In RE: The <input type="checkbox"/> marriage <input type="checkbox"/> paternity of _____ Petitioner/Joint Petitioner: _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number -VS.-	
On the far right, enter the original case number.	Respondent/Joint Petitioner: _____ First name Middle name Last name _____ Current Mailing Address _____ City State Zip Daytime phone number	
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.		
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> is <input type="checkbox"/> is not a party to this action.	Case No. _____

**Affidavit for
Finding of Contempt**

Check all those categories for which you believe the other party is in contempt. If other, mark the box and write for what you believe the other party is in contempt. IF the issues are related to legal custody or physical placement of a child, the Notice of Hearing and Petition to Enforce Physical Placement form is available.	<p>1. The other party was court ordered to do the following and has failed to do so:</p> <p><input type="checkbox"/> Pay child support in the amount of \$_____ per _____.</p> <p><input type="checkbox"/> Pay maintenance (spousal support) in the amount of \$_____ per _____.</p> <p><input type="checkbox"/> Pay family support in the amount of \$_____ per _____.</p> <p><input type="checkbox"/> Pay uninsured medical bills in the total amount of \$_____.</p> <p>Copies of the unpaid bills are attached to this Affidavit.</p> <p><input type="checkbox"/> Return property that was awarded to me.</p> <p><input type="checkbox"/> Sign/complete final documentation (Quit Claim Deed, QDRO, WI Real Estate Transfer Return, vehicle titles, etc.).</p> <p><input type="checkbox"/> Pay debts that he/she was ordered to pay.</p> <p><input type="checkbox"/> Pay the amount of \$_____ to equalize the property settlement.</p> <p><input type="checkbox"/> Allow me to claim the children as tax exemptions as ordered.</p> <p><input type="checkbox"/> Provide medical insurance cards and/or other medical records.</p> <p><input type="checkbox"/> Pay transportation expenses related to placement in the total amount of \$_____.</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
Enter the date the current court order or judgment was signed by a court official.	<p>2. The court order that I am asking to be enforced was dated: _____.</p> <p>3. The facts supporting my reasons for believing that the other party is in contempt are as follows: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Enter the facts that support your claim. If you need additional space, mark the box and attach the sheets.	<p style="text-align: right;"><input type="checkbox"/> See attached</p>

If you require reasonable accommodations due to a disability, please call _____ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

STOP!
Take this document to a Notary Public BEFORE you sign it.

After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public.

► _____
Signature

Print or Type Name

Date

Have the Notary Public sign, date, and seal the document.

State of _____
County of _____
Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed
My commission/term expires: _____

(SEAL)

A copy of this Affidavit and Order to Show Cause must be served upon all other parties **at least 5 business days** before the date of the hearing. See Service Packet (FA-5000) for more information.